
State: Arkansas **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term
Product Name: Grp DI PRO A/S Forms
Project Name/Number: Grp DI PRO A/S Forms/Grp DI PRO A/S Forms

Filing at a Glance

Company: Assurity Life Insurance Company
Product Name: Grp DI PRO A/S Forms
State: Arkansas
TOI: H11G Group Health - Disability Income
Sub-TOI: H11G.005 Combined Short Term and Long Term
Filing Type: Form
Date Submitted: 11/27/2012
SERFF Tr Num: SEFL-128783125
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: GRP DI PRO A/S FORMS

Implementation: On Approval
Date Requested:
Author(s): Kristi Hendrickson
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 11/27/2012
Disposition Status: Approved-Closed
Implementation Date:

State Filing Description:

State: Arkansas
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Product Name: Grp DI PRO A/S Forms
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Filing Company: Assurity Life Insurance Company

General Information

Project Name: Grp DI PRO A/S Forms
Project Number: Grp DI PRO A/S Forms
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: Resubmission
Group Market Size: Large
Overall Rate Impact:

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 11/26/2012
Domicile Status Comments: Approved
Market Type: Group
Previous Filing Number: SEFL-128741971
Group Market Type: Employer
Filing Status Changed: 11/27/2012
State Status Changed: 11/27/2012
Created By: Kristi Hendrickson
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Kristi Hendrickson

Filing Description:

Form Numbers Form Title

G H1213 (AR) Off-the-Job Accident and Sickness Disability Income Master Policy

G H1213C (AR) Off-the-Job Accident and Sickness Disability Income Certificate of Insurance

We have noticed that the policy and certificate have a definition of Pre-existing Condition: "Pre-existing Condition means a Sickness or physical condition for which, during the 12 months before the Issue Date, an Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treatment or (b) received medical consultation, advice or treatment from a Physician or had been prescribed medication.

An insured who is pregnant at the time the policy is issued may be excluded for coverage due to a pre-existing condition based on the above. The inclusion of both a waiting period for pregnancy and a pre-existing limitation in the same policy appears to be unfair and inequitable. Therefore, we have removed the waiting period for pregnancy from the definition of Sickness.

Please note that we have not issued any of these contracts in Arkansas and their approval date was 11/05/2012 under SEFL-128741971. A redlined version of the change has been included under supporting documentation.

Company and Contact

Filing Contact Information

Kristi Hendrickson, Policy Filing Specialist policyfiling@assurity.com
P.O. Box 82533 402-437-3452 [Phone]
Lincoln, NE 68501-2533 402-437-3802 [FAX]

Filing Company Information

Assurity Life Insurance Company	CoCode: 71439	State of Domicile: Nebraska
P.O. Box 82533	Group Code:	Company Type: Life/Health
Lincoln, NE 68501-2533	Group Name:	State ID Number:
(800) 276-7619 ext. [Phone]	FEIN Number: 38-1843471	

Filing Fees

Fee Required? Yes
Fee Amount: \$100.00

State: Arkansas **Filing Company:** Assurity Life Insurance Company
TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term
Product Name: Grp DI PRO A/S Forms
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Retaliatory? No
Fee Explanation: 50 per form
Per Company: No

Company	Amount	Date Processed	Transaction #
Assurity Life Insurance Company	\$100.00	11/27/2012	65189785

SERFF Tracking #:	SEFL-128783125	State Tracking #:		Company Tracking #:	GRP DI PRO A/S FORMS
State:	Arkansas	Filing Company:	Assurity Life Insurance Company		
TOI/Sub-TOI:	H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term				
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/27/2012	11/27/2012

State:	Arkansas	Filing Company:	Assurity Life Insurance Company
TOI/Sub-TOI:	H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term		
Product Name:	Grp DI PRO A/S Forms		
Project Name/Number:	Grp DI PRO A/S Forms/Grp DI PRO A/S Forms		

Disposition

Disposition Date: 11/27/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Red-lined version of change	Approved-Closed	Yes
Form	Off-the-Job Accident and Sickness Disability Income Master Policy	Approved-Closed	Yes
Form	Off-the-Job Accident and Sickness Disability Income Certificate of Insurance	Approved-Closed	Yes

SERFF Tracking #:

SEFL-128783125

State Tracking #:

Company Tracking #:

GRP DI PRO A/S FORMS

State: Arkansas

Filing Company:

Assurity Life Insurance Company

TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term

Product Name: Grp DI PRO A/S Forms

Project Name/Number: Grp DI PRO A/S Forms/Grp DI PRO A/S Forms

Form Schedule

Lead Form Number: G H1213 (AR)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved-Closed 11/27/2012	Off-the-Job Accident and Sickness Disability Income Master Policy	G H1213 (AR)	POL	Initial		51.900	GH1213AR.pdf
2	Approved-Closed 11/27/2012	Off-the-Job Accident and Sickness Disability Income Certificate of Insurance	G H1213C (AR)	CER	Initial		52.200	GH1213CAR.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com**Off-the-Job Accident
and Sickness Disability
Income Master Policy**

This Policy is a legal contract between the group Policyholder and Us (Assurity Life Insurance Company, a stock company). We issue this Policy and the Certificates based on the Policyholder's and the Employee's applications and payment of premium when due. This Policy alone is the only contract under which payment will be made. Any difference between this Policy and the Certificate will be settled according to the provisions of this Policy.

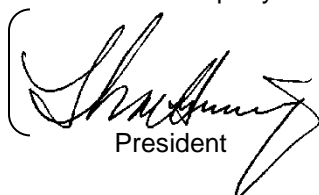
RIGHT TO EXAMINE

Each Certificate may be cancelled within 30 days of the Certificate Issue Date by returning the Certificate to Our administrative office. As soon as the Certificate is received by Us, it is treated as if it was never issued. Any premium payment will be refunded when We receive the Certificate.

RIGHT TO CANCEL

After the 30-day period specified in the Right to Examine section, each Employee may cancel their Certificate by notifying Us in writing to do so. The Certificate will be cancelled effective as of the end of the period for which premiums have been paid unless the notice specifies a later date. Cancellation of the Certificate will be without prejudice to any claim made prior to termination.

Assurity Life Insurance Company has signed this Policy on the Effective Date.


President


Secretary

**Important Cancellation Information – Please read the
“Right to Cancel” and “Termination” sections.**

Company may change premium rates

Representative: [Alex Agent]
Address: [123 Any Boulevard]
[Anytown xx 12345-6789]

Telephone: [(123) 456-7890]

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SCHEDULE

FORM NO.	FORM NAME
G H1213 (AR)	Off-the-Job Accident and Sickness Disability Master Policy
[R G1215 (AR)	Emergency Accident Master Rider
R G1216	On-the-Job Accident and Sickness Disability Income Master Rider
R G1218	Retroactive Injury Benefit Master Rider
R G1219	Spouse Accident-Only Disability Income Master Rider]

Policyholder: [Group Master Name] Policy Number: [Group Master Number]
Effective Date: []

DEFINITIONS

Actively at Work means performing the duties of the Employee's occupation for the Policyholder for a wage, salary or profit.

Actively Employed means the Employee must be working at least the number of hours required for benefit eligibility as shown on the Policyholder's application and performing the substantial and material duties of their regular occupation. Normal vacation or personal days are considered Actively Employed. However, if vacation or personal days are used to cover disability, sickness or injury, those days are not considered Actively Employed.

Beneficiary means the person named by the Employee in the application, or later changed as described in the Change of Beneficiary section.

Certificate means the Certificate issued to the Employee describing the terms of the Policy, to whom benefits will be paid and the limitations and conditions that apply.

Complication of Pregnancy means a condition when the pregnancy is not terminated, with diagnosis which is distinct from pregnancy, adversely affected by pregnancy or caused by pregnancy, and includes, but which is not limited to: acute nephritis, anemia of pregnancy, nephrosis, cardiac decompensation, incompetent cervix, missed abortion, placenta previa, puerperal infection and similar medical and surgical conditions of comparable severity. It also includes emergency Caesarean section delivery, ectopic pregnancy which is surgically terminated, spontaneous termination of pregnancy which occurs during a period of gestation when a viable birth is not possible, hyperemesis gravidarum (pernicious vomiting), pre-eclampsia and eclampsia. Complications of Pregnancy cease upon termination of the pregnancy.

Complication of Pregnancy does not include false labor, pre-term contractions of labor, advanced maternal age, occasional spotting, non-emergency Caesarean section delivery, postpartum depression, Physician prescribed rest during the period of pregnancy, morning sickness and similar conditions which, although associated with the management of a difficult pregnancy and back pain, are not medically classified as a distinct Complication of Pregnancy.

Concurrent Disabilities means disabilities occurring at the same time caused by more than one Sickness or Injury, whether they are related or not.

Covered Accident means an unforeseen event which (a) directly, independently of all other causes and exclusively results in an Injury, (b) occurs after the Certificate Issue Date, (c) occurs while the Certificate is in force and (d) is not excluded by name or specific description in the Certificate.

Due Date means the date renewal premiums are due.

Elimination Period means the number of consecutive days an Insured Person must be Totally Disabled before they are eligible to receive the Total Disability Monthly Benefit. We do not pay Total Disability Monthly Benefits during the Elimination Period.

Employee means the person who is named on the Certificate Schedule as the Insured Person and is Actively Employed with the Policyholder named in the Employee's application.

Grace Period means the 31-day period after a Due Date in which premiums can still be paid and are considered to have been paid on the Due Date.

Immediate Family means the spouse, father, mother, children or siblings of an Insured Person.

Injury(ies) means bodily harm that is caused solely by or is the result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications and reoccurrences of complications are considered to be a single Injury.

Insured Person(s) means the Employee or any other person(s) insured for the benefits of the Certificate or any attached certificate rider as listed on the Certificate Schedule, certificate rider Schedule, or as later amended.

Issue Date means the date an Insured Person first becomes insured for the benefits of the Certificate or any attached certificate riders as listed on the Certificate Schedule or certificate rider Schedule.

Maximum Benefit Period means the maximum period of time any combination of Total Disability Monthly Benefits and Partial Disability Monthly Benefits, if any, are paid as shown on the Certificate Schedule or certificate rider Schedule.

Mental or Nervous Disorder means any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), most current as of the date of disability, published by the American Psychiatric Association, excluding Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental/Nervous Disorder will include those disorders listed in the diagnostic manual then in use by the American Psychiatric Association as of the date of disability, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma.

Partial Disability and **Partially Disabled** mean a degree of disability due to a Sickness or Injury which:

- requires a Physician's care that is appropriate for the Sickness or Injury; and
- keeps the Employee from doing one or more, but not all, of the substantial and material duties of their occupation or results in the loss of 25% or more of the time spent by the Employee in the usual daily performance of the duties of their occupation.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Policy means the group master Policy.

Policyholder means the entity on the Policy Schedule and Certificate Schedule.

Pre-existing Condition means a Sickness or physical condition for which, during the 12 months before the Certificate Issue Date, an Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treat or (b) received medical consultation, advice or treatment from a Physician or had been prescribed medication.

Recurrent Total Disability means a situation in which the Employee becomes Totally Disabled, ceases to be Totally Disabled, then becomes Totally Disabled again from the same or related Sickness or Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Reinstatement Date means the date We have both approved the Employee's reinstatement application and received any premiums due.

Sickness means an illness, disease or condition, including Complications of Pregnancy, of the Insured Person.

Total Disability and **Totally Disabled** mean a disability due to a Sickness or Injury which occurs while the Employee is not Actively at Work and which (a) keeps the Employee from doing the substantial and material duties of their own occupation, (b) starts while the Certificate is in force, and (c) requires a Physician's care that is appropriate for the Sickness or Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) the Employee is working for wage, salary or profit during a period of Total Disability.

We, Us and **Our** mean Assurity Life Insurance Company.

PREMIUMS

Premium Payments. The first premium is due on the Certificate Issue Date. Premiums will include any certificate rider premiums. Premiums paid after the first premium are renewal premiums. We may change the premium rates after this Policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all Certificates under this Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

Renewal premiums are due on the Due Date. The Certificate will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Grace Period. Premium must be paid during the Grace Period. The Certificate will remain in force during this time. The Grace Period does not apply if We receive notice to terminate the Certificate.

Reinstatement. If premium is not paid by the end of the Grace Period, the Certificate will lapse (will not be in force). If the Employee wants the Certificate reinstated (to be in force again), they must apply for reinstatement in writing to Our administrative office within one year of the Certificate lapsing. Their application for reinstatement requires Our approval. If their application for reinstatement is approved, the Certificate may be reinstated with payment of any premium due. The Certificate will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline their application for reinstatement, the Certificate will be reinstated without approval 45 days after We receive their application for reinstatement.

The reinstated Certificate will only cover disabilities resulting from such Injury as may be sustained after the Reinstatement Date. The reinstated Certificate shall also cover disabilities due to such Sickness as may begin more than 10 days after the Reinstatement Date.

The reinstated Certificate is subject to a new Pre-existing Condition period starting on the Reinstatement Date.

Refund of Unearned Premium. If the Certificate terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of the Employee's death.

Unpaid Premiums. When a claim is paid under the Certificate, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefit is payable.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if the Employee is Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while the Employee is Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Sickness or Injury is subject to one Maximum Benefit Period. We will not pay for both Sickness and Injury for the same period of Total Disability.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where the Employee is Actively Employed on a continuous basis and not receiving any disability monthly benefits under the Certificate or any certificate riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If the Employee's Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if the Employee is Partially Disabled and has resumed part-time employment immediately following a period where they received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If the Employee's Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

WAIVER OF PREMIUM

We will begin to waive payment of the Employee's renewal premiums on the first premium Due Date after they have been Totally Disabled from a covered condition for 90 days or the duration of the Elimination Period, whichever is longer. Waiver of premium ends when they cease to be Totally Disabled or at the end of the Maximum Benefit Period, whichever is first. Premiums are not waived during a period of Partial Disability.

LIMITATIONS

Pre-existing Condition. We will not pay benefits for a Total Disability that is caused by a Pre-existing Condition unless the Total Disability starts after the Certificate has been in force for 12 months from the Certificate Issue Date or for 12 months from the most recent Reinstatement Date.

Foreign Travel. We will pay up to a maximum of three disability monthly benefits for any disability sustained or continued outside the United States or Canada.

EXCLUSIONS

We will not pay benefits for conditions that are caused by or are the result of any Insured Person(s):

- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting or similar activities;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury; or
- committing or attempting to commit suicide, while sane or insane.

TERMINATION

Termination of Policy. Coverage will terminate and no benefits will be payable under this Policy, any Certificate or any attached riders when either the Policyholder or We cancel this Policy upon giving at least 61 days written notice to the other. We will not cancel this Policy prior to the end of the first year following the Policy Effective Date.

Termination of Certificate. Coverage will terminate and no benefits will be payable under the Certificate or any attached certificate riders on the earliest of the following:

- the date this Policy terminates;
- the date the Employee no longer meets the definition of Employee;
- when any premium due for the Certificate is not paid before the end of the Grace Period;

- the date We receive from the Employee or the Policyholder written notice to terminate the Certificate unless the notice specifies a later date;
- when the Employee establishes residence in a foreign country; or
- upon the Employee's death.

Continuation. Coverage may continue under the Certificate when the Employee ceases to be employed with the Policyholder. The Certificate must be in force for at least six consecutive months before employment terminates. Coverage may continue if the Employee is not:

- currently disabled;
- on a leave of absence;
- retiring; or
- covered under another group disability policy.

The Employee's written request and the first premium payment for the continuation of coverage must be received in Our administrative office within 90 days of the Employee's termination date.

The continued coverage will provide the Employee the same coverage provided under the Certificate at the time employment terminated. Continued coverage will terminate on the earliest of the following:

- 12 months from the Employee's termination date;
- when the Employee retires;
- the date the Employee becomes covered under another group disability policy;
- the date this Policy terminates;
- when any premium due for the Certificate is not paid before the end of the Grace Period;
- the date We receive from the Employee written notice to terminate the Certificate unless the notice specifies a later date;
- when the Employee establishes residence in a foreign county; or
- upon the Employee's death.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by the Certificate occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and Certificate number as shown on the Certificate Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive a notice of claim, We will send the Employee the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed that the Employee met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss section.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless the Employee is legally incapacitated. Written proof of loss includes all information We reasonably request, and may include, the date disability began and the cause of the disability and prognosis. Proof may include the Insured Person's pre-disability income, including tax returns and supporting income information and any proof that the Insured Person is under the care of a Physician. All medical records, including diagnostic exams, lab results and treatment notes/summaries, and pharmacy records where the Insured Person fills prescriptions may also be included.

Additional Proof of Loss. To assist Us in determining if the Insured Person is or remains disabled, We have the right, at Our expense, to require the Insured Person to provide an interview to Our representative(s) and undergo examination by a Physician, vocational expert, or other medical or vocational professional that We select. Any such additional proof of loss must be satisfactory to Us.

Time of Payment of Claim. Benefits for any loss covered by the Certificate will be paid after We receive written proof satisfactory to Us and all other provisions herein are met. We will pay the Total Disability Monthly Benefit or Partial Disability Monthly Benefit at the end of the month for which it is due.

Time of Loss. Benefits will be paid only for a loss which occurs while the Certificate is in force. Termination of the Certificate will not affect any claim for disability, provided that the Total Disability begins prior to termination of the Certificate and within 30 days after the date of the Injury or Sickness causing the disability.

Payment of Claim. All benefits will be paid to the Employee if living or to the Employee's Beneficiary. If no Beneficiary is living, benefits will be paid to the Employee's estate. If benefits are payable to the Employee's estate, We may pay up to \$1,000 to any relative of the Employee who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary (if You are deceased) must complete an appeal. The appeal request must be in writing and must be made within 180 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISIONS

Application Statement. No statement will void the Certificate or any attached certificate riders, or be used to deny a claim unless the Employee made the statement in their application, which includes any papers signed or information provided to get the Certificate.

In the absence of fraud, statements made in the Employee's application, which includes any papers signed or information provided to get the Certificate, are deemed representations and not warranties. Representations are statements that, to the best of the Employee's knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered the Employee's statements as warranties, We could cancel their Certificate for any inaccuracy – even an honest mistake.

Agency. Neither the Policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is Our agent. We are not liable for any of their acts or omissions.

Assignment. The Employee can transfer, or assign, some or all of their Certificate rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of the Certificate, nor are We bound by any assignment until We receive a copy of the assignment at Our office.

Certificates. We will send the Certificates to the Policyholder to give to each Employee. The Certificates will state the insurance to which an Insured Person is entitled. It does not change the provisions of this Policy.

Change of Beneficiary. The Employee may change the Beneficiary by completing and signing a form provided by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish written acknowledgement of the change of Beneficiary, the change becomes effective on the date the Employee signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Conformity with State and Federal Law. The laws of the federal government and state in which the Employee resides on the Certificate Issue Date apply. If this Policy conflicts with the laws of the federal government or the state in which the Employee resides on the Certificate Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Duty of Cooperation. The Employee and any Beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

Entire Contract; Changes. The entire contract consists of this Policy and the Certificates, which includes the Policyholder's and Employee's applications and any riders, endorsements, amendments or any other papers We have attached. No change in this Policy or the Certificates will be effective until approved by one of Our officers and unless such approval is endorsed and attached to this Policy or the Certificates. No sales representative has authority to change this Policy or the Certificates or to waive any of the provisions.

Legal Action. Neither the Policyholder nor the Employee can bring a legal action to recover benefits under this Policy for at least 60 days after the Policyholder or Employee has given Us written proof of loss. Neither the Policyholder nor the Employee can start such an action more than three years after the date proof of loss is required.

Misstatement of Age. If the age of any Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to the correct age, the coverage provided would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage, shall be limited to the refund, upon written request to Our administrative office, of premiums paid for such period.

Misstatement of Income. If the Employee's income has been misstated, an adjustment in premiums, coverage, or both, will be made based on the income at the time of application. No misstatement of income will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force. If, according to the Employee's correct income, the coverage provided would not have become effective, Our only liability shall be limited to the refund, upon written request to Our administrative office, of premiums paid.

Physical Examination and Autopsy. We have the right to have an Insured Person examined when and as often as is reasonable while a claim is pending and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Time Limit on Certain Defenses. After three years from the Certificate Issue Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in the Employee's application (which includes any papers signed or information provided to get the Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

After three years from the last Reinstatement Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in the Employee's reinstatement application (which includes any papers signed or information provided to reinstate the Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

No claim for loss incurred after three years from the Certificate Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of the Certificate.

Time of Coverage. Coverage starts on the Certificate Issue Date at 12:01 a.m., in the time zone of the Certificate's issue state. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. Each time the Certificate is renewed, the new term begins when the old term ends.

Workers' Compensation. This Policy is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

OFF-THE-JOB ACCIDENT AND SICKNESS DISABILITY INCOME MASTER POLICY

Company may change premium rates

READ THIS POLICY CAREFULLY

**ASSURITY® LIFE INSURANCE COMPANY**

Post Office Box 82533, Lincoln, NE 68501-2533

(402) 476-6500 • (800) 869-0355 • www.assurity.com**Off-the-Job Accident and
Sickness Disability Income
Certificate of Insurance**

This Certificate is a part of the Policy that is a legal contract between the group Policyholder and Us (Assurity Life Insurance Company, a stock company). We issue this Certificate based on Your application and payment of premium when due. The Policy alone is the only contract under which payment will be made. Any difference between the Policy and this Certificate will be settled according to the provisions of the Policy.

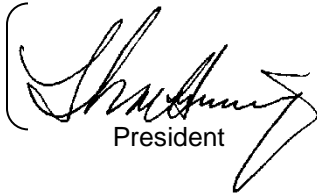
RIGHT TO EXAMINE

You may cancel this Certificate within 30 days of the Certificate Issue Date by returning this Certificate to Our administrative office. As soon as this Certificate is received by Us, it is treated as if it was never issued. Your premium payment will be refunded when We receive this Certificate.

RIGHT TO CANCEL

After the 30-day period specified in the Right to Examine section, You may cancel this Certificate by notifying Us in writing that You wish to do so. This Certificate will be cancelled effective as of the end of the period for which premiums have been paid unless Your notice specifies a later date. Cancellation of this Certificate will be without prejudice to any claim made prior to termination.

Assurity Life Insurance Company has signed this Certificate on the Issue Date.


President
Secretary

**Important Cancellation Information – Please read the
“Right to Cancel” and “Termination” sections.**

Company may change premium rates

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SCHEDULE

FORM NO.	FORM NAME	INITIAL ANNUAL PREMIUM
G H1213C (AR)	Off-the-Job Accident and Sickness Disability Income Certificate of Insurance	\$[]
	Total Disability Monthly Benefit: \$[300 - 5,000] Maximum Benefit Period: [3, 6, 12, 24] months Elimination Period – Accident: [0, 7, 14, 30, 60, 90, 180] consecutive days Elimination Period – Sickness: [7, 14, 30, 60, 90, 180] consecutive days Partial Disability Monthly Benefit: \$[150 – 2,500] Maximum Partial Benefit Period: [3 or 6] months	
[R G1215C (AR)	Emergency Accident Certificate Rider	\$[]
R G1216C	On-the-Job Accident and Sickness Disability Income Certificate Rider	\$[]
R G1218C	Retroactive Injury Benefit Certificate Rider	\$[]
R G1219C	Spouse Accident-Only Disability Income Certificate Rider	\$[]

Policyholder:	[Group Master Name]	Policy Number:	[Group Master Number]
Insured Person:	[]	Certificate Number:	[]
Issue Age:	[]	Issue Date:	[]
			Initial Premium:	[]
			Premium Mode:	[]

DEFINITIONS

Actively at Work means performing the duties of Your occupation for the Policyholder for a wage, salary or profit.

Actively Employed means You must be working at least the number of hours required for benefit eligibility as shown on the Policyholder's application and performing the substantial and material duties of Your regular occupation. Normal vacation or personal days are considered Actively Employed. However, if vacation or personal days are used to cover disability, sickness or injury, those days are not considered Actively Employed.

Beneficiary means the person named by You in the application, or later changed as described in the Change of Beneficiary section.

Certificate means the Certificate issued to the Employee describing the terms of the Policy, to whom benefits will be paid and the limitations and conditions that apply.

Complication of Pregnancy means a condition when the pregnancy is not terminated, with diagnosis which is distinct from pregnancy, adversely affected by pregnancy or caused by pregnancy, and includes, but which is not limited to: acute nephritis, anemia of pregnancy, nephrosis, cardiac decompensation, incompetent cervix, missed abortion, placenta previa, puerperal infection and similar medical and surgical conditions of comparable severity. It also includes emergency Caesarean section delivery, ectopic pregnancy which is surgically terminated, spontaneous termination of pregnancy which occurs during a period of gestation when a viable birth is not possible, hyperemesis gravidarum (pernicious vomiting), pre-eclampsia and eclampsia. Complications of Pregnancy cease upon termination of the pregnancy.

Complication of Pregnancy does not include false labor, pre-term contractions of labor, advanced maternal age, occasional spotting, non-emergency Caesarean section delivery, postpartum depression, Physician prescribed rest during the period of pregnancy, morning sickness and similar conditions which, although associated with the management of a difficult pregnancy and back pain, are not medically classified as a distinct Complication of Pregnancy.

Concurrent Disabilities means disabilities occurring at the same time caused by more than one Sickness or Injury, whether they are related or not.

Covered Accident means an unforeseen event which (a) directly, independently of all other causes and exclusively results in an Injury, (b) occurs after the Certificate Issue Date, (c) occurs while this Certificate is in force and (d) is not excluded by name or specific description in this Certificate.

Due Date means the date renewal premiums are due.

Elimination Period means the number of consecutive days an Insured Person must be Totally Disabled before they are eligible to receive the Total Disability Monthly Benefit. We do not pay Total Disability Monthly Benefits during the Elimination Period.

Employee means the person who is named on the Certificate Schedule as the Insured Person and is Actively Employed with the Policyholder named in Your application.

Grace Period means the 31-day period after a Due Date in which premiums can still be paid and are considered to have been paid on the Due Date.

Immediate Family means the spouse, father, mother, children or siblings of an Insured Person.

Injury(ies) means bodily harm that is caused solely by or is the result of a Covered Accident. All Injuries sustained in any one Covered Accident and all complications and reoccurrences of complications are considered to be a single Injury.

Insured Person(s) means You or any other person(s) insured for the benefits of this Certificate or any attached certificate rider as listed on the Certificate Schedule, certificate rider Schedule, or as later amended.

Issue Date means the date an Insured Person first becomes insured for the benefits of this Certificate or any attached certificate riders as listed on the Certificate Schedule or certificate rider Schedule.

Maximum Benefit Period means the maximum period of time any combination of Total Disability Monthly Benefits and Partial Disability Monthly Benefits, if any, are paid as shown on the Certificate Schedule or certificate rider Schedule.

Mental or Nervous Disorder means any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), most current as of the date of disability, published by the American Psychiatric Association, excluding Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental/Nervous Disorder will include those disorders listed in the diagnostic manual then in use by the American Psychiatric Association as of the date of disability, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma.

Partial Disability and **Partially Disabled** mean a degree of disability due to a Sickness or Injury which:

- requires a Physician's care that is appropriate for the Sickness or Injury; and
- keeps You from doing one or more, but not all, of the substantial and material duties of Your occupation or results in the loss of 25% or more of the time spent by You in the usual daily performance of the duties of Your occupation.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Policy means the group master Policy.

Policyholder means the entity on the Policy Schedule and Certificate Schedule.

Pre-existing Condition means a Sickness or physical condition for which, during the 12 months before the Certificate Issue Date, an Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treat or (b) received medical consultation, advice or treatment from a Physician or had been prescribed medication.

Recurrent Total Disability means a situation in which You become Totally Disabled, cease to be Totally Disabled, then become Totally Disabled again from the same or related Sickness or Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Reinstatement Date means the date We have both approved Your reinstatement application and received any premiums due.

Sickness means an illness, disease or condition, including Complications of Pregnancy, of the Insured Person.

Total Disability and **Totally Disabled** mean a disability due to a Sickness or Injury which occurs while You are not Actively at Work and which (a) keeps You from doing the substantial and material duties of Your own occupation, (b) starts while this Certificate is in force, and (c) requires a Physician's care that is appropriate for the Sickness or Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) You are working for wage, salary or profit during a period of Total Disability.

We, Us and **Our** mean Assurity Life Insurance Company.

You and **Your** mean the Employee who is the Insured Person listed on the Certificate Schedule.

PREMIUMS

Premium Payments. The first premium is due on the Certificate Issue Date. Premiums will include any certificate rider premiums. Premiums paid after the first premium are renewal premiums. We may change the premium rates after the Policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all Certificates under the Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

Renewal premiums are due on the Due Date. This Certificate will lapse (will not be in force) if a renewal premium is not paid by the end of the Grace Period.

Grace Period. Premium must be paid during the Grace Period. This Certificate will remain in force during this time. The Grace Period does not apply if We receive notice to terminate this Certificate.

Reinstatement. If premium is not paid by the end of the Grace Period, this Certificate will lapse (will not be in force). If You want this Certificate reinstated (to be in force again), You must apply for reinstatement in writing to Our administrative office within one year of this Certificate lapsing. Your application for reinstatement requires Our approval. If Your application for reinstatement is approved, this Certificate may be reinstated with payment of any premium due. This Certificate will be reinstated on the Reinstatement Date. If We have not already acted to approve or decline Your application for reinstatement, this Certificate will be reinstated without approval 45 days after We receive Your application for reinstatement.

The reinstated Certificate will only cover disabilities resulting from such Injury as may be sustained after the Reinstatement Date. The reinstated Certificate shall also cover disabilities due to such Sickness as may begin more than 10 days after the Reinstatement Date.

The reinstated Certificate is subject to a new Pre-existing Condition period starting on the Reinstatement Date.

Refund of Unearned Premium. If this Certificate terminates due to death, We will refund the portion of any premiums paid which were applied to periods following the date of Your death.

Unpaid Premiums. When a claim is paid under this Certificate, any premium then due and unpaid may be deducted by Us from the claim payment and applied to the premium due. If the premium due is more than the amount payable for the claim, no benefit is payable.

TOTAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Total Disability Monthly Benefit if You are Totally Disabled and the Elimination Period has been satisfied. We will pay Total Disability Monthly Benefits while You are Totally Disabled or to the end of the Maximum Benefit Period, whichever is first. Total Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities. A Total Disability from the same Sickness or Injury is subject to one Maximum Benefit Period. We will not pay for both Sickness and Injury for the same period of Total Disability.

A Recurrent Total Disability is considered a new Total Disability only if it is separated from the ending date of the prior Total Disability by a period of six consecutive months or more where You are Actively Employed on a continuous basis and not receiving any disability monthly benefits under this Certificate or any certificate riders. A new Total Disability is subject to a new Elimination Period and starts a new Maximum Benefit Period. Any other Recurrent Total Disability is considered a continuation of a prior Total Disability. A continuation of a prior Total Disability is not subject to a new Elimination Period, nor does it result in the start of a new Maximum Benefit Period.

Total Disability for Part of a Month. If Your Total Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Total Disability Monthly Benefit for each day of Total Disability.

PARTIAL DISABILITY BENEFIT

Monthly Benefit Payment. We will pay the Partial Disability Monthly Benefit if You are Partially Disabled and have resumed part-time employment immediately following a period where You received Total Disability Monthly Benefits. Partial Disability payments count toward the Maximum Benefit Period and shall not be paid for a period greater than the Maximum Partial Benefit Period. Partial Disability Monthly Benefits will be paid for only one of two or more Concurrent Disabilities.

Partial Disability for Part of a Month. If Your Partial Disability is payable for a period less than a full month, We will pay one-thirtieth (1/30) of the Partial Disability Monthly Benefit for each day of Partial Disability.

WAIVER OF PREMIUM

We will begin to waive payment of Your renewal premiums on the first premium Due Date after You have been Totally Disabled from a covered condition for 90 days or the duration of the Elimination Period, whichever is longer. Waiver of premium ends when You cease to be Totally Disabled or at the end of the Maximum Benefit Period, whichever is first. Premiums are not waived during a period of Partial Disability.

LIMITATIONS

Pre-existing Condition. We will not pay benefits for a Total Disability that is caused by a Pre-existing Condition unless the Total Disability starts after this Certificate has been in force for 12 months from the Certificate Issue Date or for 12 months from the most recent Reinstatement Date.

Foreign Travel. We will pay up to a maximum of three disability monthly benefits for any disability sustained or continued outside the United States or Canada.

EXCLUSIONS

We will not pay benefits for conditions that are caused by or are the result of any Insured Person(s):

- operating, learning to operate, or serving as a crew member of any aircraft;
- engaging in hang-gliding, hot air ballooning, bungee jumping, parachuting, scuba diving, sail gliding, parasailing or parakiting or similar activities;
- riding in or driving any motor-driven vehicle in an organized race, stunt show or speed test;
- officiating, coaching, practicing for or participating in any semi-professional or professional competitive athletic contest for which any type of compensation or remuneration is received;
- being exposed to war or any act of war, declared or undeclared;
- actively serving in any of the armed forces, or units auxiliary thereto, including the National Guard or Army Reserve, except during active duty training of less than 60 days;
- suffering from a Mental or Nervous Disorder;
- being addicted to drugs or suffering from alcoholism;
- being under the influence of an excitant, depressant, hallucinogen, narcotic, or any other drug or intoxicant, including those prescribed by a Physician that are misused;
- being intoxicated (as determined by the laws governing the operation of motor vehicles in the jurisdiction where loss occurs) or under the influence of an illegal substance or a narcotic (except for narcotics used as prescribed to the Insured Person by a Physician);
- having cosmetic surgery or other elective procedures that are not medically necessary;
- having dental treatment;
- committing or attempting to commit a felony;
- being incarcerated or is caused while incarcerated in a penal institution or government detention facility;
- driving any taxi for wage, compensation or profit;
- engaging in an illegal activity or occupation;
- intentionally self-inflicting an Injury; or
- committing or attempting to commit suicide, while sane or insane.

TERMINATION

Coverage will terminate and no benefits will be payable under this Certificate or any attached certificate riders on the earliest of the following:

- the date the Policy terminates;
- the date You no longer meet the definition of Employee;
- when any premium due for this Certificate is not paid before the end of the Grace Period;
- the date We receive from You or the Policyholder written notice to terminate this Certificate unless the notice specifies a later date;
- when You establish residence in a foreign country; or
- upon Your death.

Continuation. Coverage may continue under this Certificate when Your employment with the Policyholder terminates. This Certificate must be in force for at least six consecutive months before employment terminates. Coverage may continue if You are not:

- currently disabled;
- on a leave of absence;
- retiring; or
- covered under another group disability policy.

Your written request and the first premium payment for the continuation of coverage must be received in Our administrative office within 90 days of Your employment termination date.

The continued coverage will provide You the same coverage provided under this Certificate at the time Your employment terminated. Continued coverage will terminate on the earliest of the following:

- 12 months from Your employment termination date;
- when You retire;
- the date You become covered under another group disability policy;
- the date the Policy terminates;
- when any premium due for this Certificate is not paid before the end of the Grace Period;
- the date We receive from You written notice to terminate this Certificate unless the notice specifies a later date;
- when You establish residence in a foreign county; or
- upon Your death.

CLAIM PROCEDURES

Notice of Claim. Written notice of claim must be given to Us within 20 calendar days after a loss covered by this Certificate occurs, or as soon as reasonably possible, subject to the Proof of Loss section. Notice must be given to Us at Assurity Life Insurance Company, P.O. Box 82533, Lincoln, Nebraska 68501-2533. The notice should include the Insured Person's name and Certificate number as shown on the Certificate Schedule. Notice should also include the name and address of the individual submitting the notice along with a description of their relationship to the Insured Person, if different, and a statement that payment of a claim is being requested.

Claim Forms. When We receive a notice of claim, We will send You the forms for filing the required proof of loss. If We do not send these forms within 15 calendar days, it shall be deemed You met the proof of loss requirement by giving Us written proof of the cause, nature and extent of the loss within the time limit stated in the Proof of Loss section.

Proof of Loss. Written proof of loss satisfactory to Us must be given to Us within 120 calendar days after such loss. If it is not possible to give written proof in the time required, We will not reduce or deny the claim for this reason if such proof is filed as soon as reasonably possible. In any event, the proof required must be given to Us no later than one year after such loss unless You are legally incapacitated. Written proof of loss includes all information We reasonably request, and may include, the date disability began and the cause of the disability and prognosis. Proof may include the Insured Person's pre-disability income, including tax returns and supporting income information and any proof that the Insured Person is under the care of a Physician. All medical records, including diagnostic exams, lab results and treatment notes/summaries, and pharmacy records where the Insured Person fills prescriptions may also be included.

Additional Proof of Loss. To assist Us in determining if the Insured Person is or remains disabled, We have the right, at Our expense, to require the Insured Person to provide an interview to Our representative(s) and undergo examination by a Physician, vocational expert, or other medical or vocational professional that We select. Any such additional proof of loss must be satisfactory to Us.

Time of Payment of Claim. Benefits for any loss covered by this Certificate will be paid after We receive written proof satisfactory to Us and all other provisions herein are met. We will pay the Total Disability Monthly Benefit or Partial Disability Monthly Benefit at the end of the month for which it is due.

Time of Loss. Benefits will be paid only for a loss which occurs while this Certificate is in force. Termination of this Certificate will not affect any claim for disability, provided that the Total Disability begins prior to termination of this Certificate and within 30 days after the date of the Injury or Sickness causing the disability.

Payment of Claim. All benefits will be paid to You if living or to Your Beneficiary. If no Beneficiary is living, benefits will be paid to Your estate. If benefits are payable to Your estate, We may pay up to \$1,000 to any relative of Yours who We find is entitled to it. Any payment made in good faith will fully discharge Us to the extent of the payment.

Overpayment Reimbursement. We have the right to recoup or recover any overpayment We make, for any reason, in processing a claim. We must be reimbursed in full for the amount of the overpayment.

Claim Review. If We deny a claim, We will provide written notice of Our reason(s) for the denial and the provision(s) herein that We relied upon. You have the right to ask Us to review the claim on appeal and the right to submit additional information to Us that might change Our decision.

Appeal, if Governed by ERISA. If this policy provides coverage under an employee welfare benefit plan governed by the Employee Retirement Income Security Act (ERISA), 29 U.S.C. 1001 et seq., prior to filing any lawsuit against Us, You or Your Beneficiary (if You are deceased) must complete an appeal. The appeal request must be in writing and must be made within 180 days after receipt of Our denial decision. We will provide written notice of Our decision on appeal.

GENERAL PROVISIONS

Application Statement. No statement will void this Certificate or any attached certificate riders, or be used to deny a claim unless You made the statement in Your application, which includes any papers signed or information provided to get this Certificate.

In the absence of fraud, statements made in Your application, which includes any papers signed or information provided to get this Certificate, are deemed representations and not warranties. Representations are statements that, to the best of Your knowledge and understanding, represent the truth. Warranties are statements that are guaranteed to be true. If We considered Your statements as warranties, We could cancel this Certificate for any inaccuracy – even an honest mistake.

Agency. Neither the Policyholder, any employer, any associated company, nor any administrator appointed by the foregoing is Our agent. We are not liable for any of their acts or omissions.

Assignment. You can transfer, or assign, some or all of Your Certificate rights to someone else by making a contract with that person. We are not responsible for the validity of any assignment of this Certificate, nor are We bound by any assignment until We receive a copy of the assignment at Our office.

Change of Beneficiary. You may change the Beneficiary by completing and signing a form provided by Us for changing a Beneficiary and returning the form to Our administrative office for Our written acknowledgement.

Naming a new Beneficiary voids any prior designation unless stated otherwise in the new designation.

When We furnish You written acknowledgement of the change of Beneficiary, the change becomes effective on the date You signed Our form. We are not liable for payments made or action taken prior to Our written acknowledgement of the Beneficiary change.

Conformity with State and Federal Law. The laws of the federal government and Your state of residence on the Certificate Issue Date apply. If the Policy or this Certificate conflicts with the laws of the federal government or Your state on the Certificate Issue Date, it is considered changed to meet those laws. The change will be to the law's minimum requirement.

Duty of Cooperation. You and any Beneficiary shall reasonably cooperate during any investigation or adjudication of a claim. This cooperation shall include providing information We request and authorizing the release of medical records to Us.

Entire Contract; Changes. The entire contract consists of the Policy and this Certificate, which includes the Policyholder's and Your application and any riders, endorsements, amendments or any other papers We have attached. No change in the Policy or this Certificate will be effective until approved by one of Our officers and unless such approval is endorsed and attached to the Policy or this Certificate. No sales representative has authority to change the Policy or this Certificate or to waive any of its provisions.

Legal Action. You cannot bring a legal action to recover benefits under this Certificate for at least 60 days after You have given Us written proof of loss. You cannot start such an action more than three years after the date proof of loss is required.

Misstatement of Age. If the age of any Insured Person has been misstated, an adjustment in premiums, coverage, or both, will be made based on the Insured Person's correct age. If, according to the correct age, the coverage provided would not have become effective, or would have ceased, Our only liability during the period in which the Insured Person was not eligible for coverage, shall be limited to the refund, upon written request to Our administrative office, of premiums paid for such period.

Misstatement of Income. If Your income has been misstated, an adjustment in premiums, coverage, or both, will be made based on the income at the time of application. No misstatement of income will continue insurance otherwise validly terminated or terminate insurance otherwise validly in force. If, according to Your correct income, the coverage provided would not have become effective, Our only liability shall be limited to the refund, upon written request to Our administrative office, of premiums paid.

Physical Examination and Autopsy. We have the right to have an Insured Person examined when and as often as is reasonable while a claim is pending and to have an autopsy performed where it is not forbidden by law. If We initiate the request, either or both will be done at Our expense.

Time Limit on Certain Defenses. After three years from the Certificate Issue Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your application (which includes any papers signed or information provided to get this Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

After three years from the last Reinstatement Date, excluding any time an Insured Person was Totally Disabled, We cannot use misstatements, except fraudulent misstatements, in Your reinstatement application (which includes any papers signed or information provided to reinstate this Certificate) to void coverage or deny a claim for loss that happens after the three-year period.

No claim for loss incurred after three years from the Certificate Issue Date, shall be reduced or denied on the ground that a disease or physical condition not excluded from coverage by name or specific description existing on the date of loss had existed prior to the effective date of coverage of this Certificate.

Time of Coverage. Coverage starts on the Certificate Issue Date at 12:01 a.m., in the time zone of Your permanent residence. It ends at 12:01 a.m. in the same time zone on the renewal date, subject to the Grace Period. Each time this Certificate is renewed, the new term begins when the old term ends.

Workers' Compensation. This Certificate is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

OFF-THE-JOB ACCIDENT AND SICKNESS DISABILITY INCOME CERTIFICATE OF INSURANCE

Company may change premium rates

READ YOUR CERTIFICATE CAREFULLY

SERFF Tracking #:	SEFL-128783125	State Tracking #:		Company Tracking #:	GRP DI PRO A/S FORMS
State:	Arkansas	Filing Company:	Assurity Life Insurance Company		
TOI/Sub-TOI:	H11G Group Health - Disability Income/H11G.005 Combined Short Term and Long Term				
Product Name:	Grp DI PRO A/S Forms				
Project Name/Number:	Grp DI PRO A/S Forms/Grp DI PRO A/S Forms				

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	11/27/2012
Comments:			
Attachment(s):			
ReadCert2.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	11/27/2012
Bypass Reason:	Same application just approved on 11/5/2012 under SEFL-128741971.		

		Item Status:	Status Date:
Satisfied - Item:	Red-lined version of change	Approved-Closed	11/27/2012
Comments:			
Attachment(s):			
Pages 5 from GH1213AR.pdf			
Pages5 from GH1213CAR.pdf			

READABILITY CERTIFICATION

I hereby certify the following forms were tested for readability using Microsoft® Word 2010 program and achieved the following test results:

Company Name: Assurity Life Insurance Company

Form Number(s): G H1213 et al

Type of Form: Disability Income

Form No.	Description	Flesch Score
G H1213 (AR)	Off-the-Job Accident and Sickness Disability Income Master Policy	51.9
G H1213C (AR)	Off-the-Job Accident and Sickness Disability Income Certificate of Insurance	52.2


Signature

November 27, 2012
Date

Carol S. Watson
Vice President, General Counsel & Secretary

*Flesch score achieved by combining with form G H1213.

Maximum Benefit Period means the maximum period of time any combination of Total Disability Monthly Benefits and Partial Disability Monthly Benefits, if any, are paid as shown on the Certificate Schedule or certificate rider Schedule.

Mental or Nervous Disorder means any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), most current as of the date of disability, published by the American Psychiatric Association, excluding Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental/Nervous Disorder will include those disorders listed in the diagnostic manual then in use by the American Psychiatric Association as of the date of disability, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma.

Partial Disability and **Partially Disabled** mean a degree of disability due to a Sickness or Injury which:

- requires a Physician's care that is appropriate for the Sickness or Injury; and
- keeps the Employee from doing one or more, but not all, of the substantial and material duties of their occupation or results in the loss of 25% or more of the time spent by the Employee in the usual daily performance of the duties of their occupation.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

Policy means the group master Policy.

Policyholder means the entity on the Policy Schedule and Certificate Schedule.

Pre-existing Condition means a Sickness or physical condition for which, during the 12 months before the Certificate Issue Date, an Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treat or (b) received medical consultation, advice or treatment from a Physician or had been prescribed medication.

Recurrent Total Disability means a situation in which the Employee becomes Totally Disabled, ceases to be Totally Disabled, then becomes Totally Disabled again from the same or related Sickness or Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Reinstatement Date means the date We have both approved the Employee's reinstatement application and received any premiums due.

Sickness means an illness, disease or condition, including Complications of Pregnancy, of the Insured Person. ~~Total Disability arising from pregnancy, pregnancy related conditions (other than Complications of Pregnancy), child birth, or other termination of pregnancy will be considered as a Sickness only if the Total Disability begins at least 10 months after the Certificate Issue Date.~~

Total Disability and **Totally Disabled** mean a disability due to a Sickness or Injury which occurs while the Employee is not Actively at Work and which (a) keeps the Employee from doing the substantial and material duties of their own occupation, (b) starts while the Certificate is in force, and (c) requires a Physician's care that is appropriate for the Sickness or Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) the Employee is working for wage, salary or profit during a period of Total Disability.

We, Us and **Our** mean Assurity Life Insurance Company.

PREMIUMS

Premium Payments. The first premium is due on the Certificate Issue Date. Premiums will include any certificate rider premiums. Premiums paid after the first premium are renewal premiums. We may change the premium rates after this Policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all Certificates under this Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.

Maximum Benefit Period means the maximum period of time any combination of Total Disability Monthly Benefits and Partial Disability Monthly Benefits, if any, are paid as shown on the Certificate Schedule or certificate rider Schedule.

Mental or Nervous Disorder means any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM), most current as of the date of disability, published by the American Psychiatric Association, excluding Alzheimer's disease, dementia, and organic brain damage caused by an accident or head trauma. If the DSM is discontinued or replaced, Mental/Nervous Disorder will include those disorders listed in the diagnostic manual then in use by the American Psychiatric Association as of the date of disability, excluding Alzheimer's disease, dementia and organic brain damage caused by an accident or head trauma.

Partial Disability and **Partially Disabled** mean a degree of disability due to a Sickness or Injury which:

- requires a Physician's care that is appropriate for the Sickness or Injury; and
- keeps You from doing one or more, but not all, of the substantial and material duties of Your occupation or results in the loss of 25% or more of the time spent by You in the usual daily performance of the duties of Your occupation.

Physician means a doctor of medicine or osteopathy who is duly licensed by the state medical board. Such Physician cannot be a member of an Insured Person's Immediate Family or business associate and must be providing services within the scope of his or her license/specialty. Practitioners other than those named above are not Physicians.

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Policyholder means the entity on the Policy Schedule and Certificate Schedule.

Pre-existing Condition means a Sickness or physical condition for which, during the 12 months before the Certificate Issue Date, an Insured Person (a) had symptoms which would cause an ordinary prudent person to seek diagnosis, care or treat or (b) received medical consultation, advice or treatment from a Physician or had been prescribed medication.

Recurrent Total Disability means a situation in which You become Totally Disabled, cease to be Totally Disabled, then become Totally Disabled again from the same or related Sickness or Injury. The latter Total Disability will be considered a Recurrent Total Disability.

Reinstatement Date means the date We have both approved Your reinstatement application and received any premiums due.

Sickness means an illness, disease or condition, including Complications of Pregnancy, of the Insured Person. ~~Total Disability arising from pregnancy, pregnancy related conditions (other than Complications of Pregnancy), child birth, or other termination of pregnancy will be considered as a Sickness only if the Total Disability begins at least 10 months after the Certificate Issue Date.~~

Total Disability and **Totally Disabled** mean a disability due to a Sickness or Injury which occurs while You are not Actively at Work and which (a) keeps You from doing the substantial and material duties of Your own occupation, (b) starts while this Certificate is in force, and (c) requires a Physician's care that is appropriate for the Sickness or Injury.

Monthly Benefits are not payable if (a) the disability is due to an Injury and begins more than 30 days after the Injury or (b) You are working for wage, salary or profit during a period of Total Disability.

We, Us and **Our** mean Assurity Life Insurance Company.

You and **Your** mean the Employee who is the Insured Person listed on the Certificate Schedule.

PREMIUMS

Premium Payments. The first premium is due on the Certificate Issue Date. Premiums will include any certificate rider premiums. Premiums paid after the first premium are renewal premiums. We may change the premium rates after the Policy has been in force for 12 months, but not more than once in a 12-month period. If We change premium rates, We can only do so for all Certificates under the Policy. A 31-day notice will be given by mail to the Policyholder prior to any premium change.